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NEW AND CHEAP METHOD OF VENTILATION, APPLICABLE TO ANY APARTMENT.

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Messrs. Editors,—It was not my intention to write the following paper until the results of experiments now progressing should enable me to make it more definite and conclusive. Your remark that the summer is upon us, and that suggestions might induce experiments and applications by others, has made me reconsider my intention, and accede to your request. All immaturity of ideas, or expression of them, will therefore be excused, and attributed to a desire to benefit, if possible, the poor fellows who are sacrificing their lives for their country's good.

Ventilation has hitherto been chiefly considered with reference to properly supplying the requisite amount of oxygen to the air of rooms. Attention has also been drawn to the importance of moistening it, and removing the exhalations from the skin. Some writers have properly allowed an extra movement of air through a room in order to carry off these exhalations.

In all cases, some points of essential importance seem to have been overlooked, partial views only having been taken of the conditions of the air essential to its best use, either by the well or sick, under certain circumstances. While it has been thought worth while to increase the moisture of too dry air, no means seem to have been sought for drying the air when too moist, without at the same time elevating the temperature, already too high; nor have any means been sought for changing the air about us from a negative to a positive electric condition; and while the electric machine has been called in to charge a person with the electric fluid, the great electrical changes in the atmosphere, wrought by the Creator on a grand scale by the summer shower, and either the cause of, or attendant upon, the invigorated condition of all things that live, has not been attempted to be imitated on a small scale by man.

Partial views only having been taken of the necessary conditions to be obtained, only partial means have been employed for gaining what has been attempted.

Whether the plenum or the vacuum method of ventilation is the better, has been much discussed. Machines for both kinds of work, and fires adapted to do both, have been invented, and work with great success, except in certain kinds of weather: to wit, when the temperature of the atmosphere is elevated, and it is also saturated with moisture, "hot, muggy, dog-day weather;" when the dew-point is high, and the air, of course, negatively electric. In such cases all means used by man have hitherto failed to produce the conditions of the air desirable for sick or well, and which have alone heretofore been wrought on a grand scale by natural ventilation. To imitate this should be the effort of man. This failure in producing the conditions most favorable to health and comfort, has doubtless been caused by failing carefully to observe what these conditions are.

First, oxygen in proper proportion in the air must be maintained. For this purpose a certain quantity of air must be passed through any occupied room.

Secondly, the exhalations from the skin and lungs must not be removed too rapidly, nor, on the other hand, be allowed to accumulate by being removed too slowly. Hence if the air is too dry it must be moistened, and *if it is too moist it must be dried*, either with or without raising its temperature, as the case may be.

Thirdly, the body and mind being always most active when the atmosphere is positively electric, this condition must, if possible, be produced.

Now, there is a unity in this trinitarian ventilation, for in cases heretofore difficult, viz., in hot, damp weather, the means adapted to gain one end will gain all three, which triple unity is one of the strongest theoretical proofs of the correctness of the ground taken. The means consist simply in *icing the air that flows into the room*, or is in it.

When the temperature of the atmosphere is nearly the same as that of the body, the vacuum effect of its heat is very little, and the vacuum effect of a fire in a vacuum chimney is lessened, and of course has no effect on the dew-point of a nearly-saturated atmosphere; hence the viscous perspiration remains on the skin, the blood is unrelieved, the brain is oppressed, and the electric conditions of the air and the body are unimproved, however great may be the quantity of such air poured through the room by any plenum machine.

Let, now, the air at the plenum openings properly located, be iced, the pressure of the cold or iced air will send the heated air up; the air flowing in over the ice will of course deposit a part of its moisture, and when again warmed and expanded by contact with persons and things in the room, will absorb the exhalations from the skin and lungs, and becoming also positively electric, will feel like the delightful atmosphere of summer after a shower.

Are these suggestions practical? Most certainly they are, for it was the practical that suggested the experiments that led to these theoretical views, accident having induced a series of experiments and thoughts that were the basis of what has been said. In fact, the chief cause of the delight these thoughts awaken is the unity, simplicity and practicability of the ideas suggested.

I cannot, from the number of experiments yet tried, say what detailed method will be the best for gaining the desired object, and I doubt not that the ingenuity of others will excel any method I can now or shall hereafter suggest.

For a simple, convincing experiment, merely a box, large enough to hold a dozen or twenty pounds of ice, is all that is required. Let some holes be cut in one side near the bottom. It needs no cover. Let it be placed under the sash of a window, so that two or three inches of it shall be outside the window; and, if the box is not as long as the window is wide, the opening under the sash at the ends of the box should be closed. Thus the air can pour through the box and ice into the room. A vessel of sufficient size should be placed beneath the box to catch the drip. The higher up in the room the box is placed, the better. So, if the upper sash drops, the box can be placed on it. It would, of course, be still better to have the ice above the room, and the air flow over the ice through several openings into the room.

Such a box was placed under the lower sash of a window in a room containing about 600 cubic feet of air. In the box I placed eleven pounds of ice, in three lumps, at half past one, P.M. Mercury 92, north side of house; inside, 90. In one hour, it had fallen to 84; in two hours, to 76. Outside it stood at 90. At ten, it was 78 inside, ice not quite gone. Thermometer, being in the middle of the room, placed near the floor it would fall, raised to ceiling it would rise. If I remained in the room half an hour, it would rise about three degrees.

On another day, twenty pounds of ice, in eight lumps, were placed in the box at 9, A.M. At 10, the mercury stood at 78 in the room, 86 outside. It did not go above 78, whether I was in the room or not; and next morning, at 9, twenty-four hours after the ice was placed in the box, it having not yet melted, the mercury stood at 69 in the room; at 80 in an adjoining room, and had been up to 90 there in the time of the experiment.

The door of this room, opposite the window, was so far from tight that no special vacuum opening was thought necessary; there was a direct opening over it. That it and the washboard would let so much cold air flow out as they did, was objectionable. A smoke being made by burning paper in the room, none of it was observed to pass through the box out of the window, but soon the circulation of air in the room, and through the box inside the window, was very beautifully exhibited, curling over the ice, then tumbling down in miniature cascades, sweeping along the floor, then eddying up to be again warmed and again pass down, drawn through the box by the falling iced air.

The feeling of the air thus iced had none of the dankness of a cellar, but was invigorating to the lungs and delicious to the skin, suggesting every moment that iced air is one of the materia medica, as well as one of the mechanical forces that shall prove a balm to many a fevered body. It was entirely suggestive of the after summer-shower atmosphere, that is so delightful to the well and so healing to the sick. What are the polar regions but one vast ice box, with bergs for lumps, through which the air circulating is cooled, depositing its moisture and thence pouring down upon us from the northwest with healing in its wings—more invigorating than any cordial, more healthfully stimulating than any dram, more cleansing than any bath, and more soothing and soporific than any opiate. With the air properly iced, all "nights will be found good for sleeping."

With proper arrangements, the rooms of sick or well persons can be ventilated with air of any desirable temperature; and I feel certain that hospitals, either temporary or permanent, can be constructed for such purposes without any cost additional to that now made, and that the same may be true of the dwellings of the rich or poor, while the ice required for such ventilation would cost but a trifle. An ordinary house, properly arranged, could be thus ventilated with the expenditure of from fifty to one hundred pounds of ice, costing from ten to twenty-five cents.

To have the experiments most successful, the doors should be made tight with rubber, list or the like, and a proper opening in the upper part of the room should be made to let off the air. The windows should be in some way doubled, as, in this case, they let in heat, as in winter they let it out. A curtain, sheet or blanket can be fastened to the frame of the window, or "double windows" of glass or paper can be added—Hunt's patent double windows being the best for this purpose of any which I have seen, since they go on inside, can be partly or wholly glazed with paper, can be easily taken off and put on, are neat as well as convenient, and made at half or two thirds the usual expense. The walls also should, as far as possible, be non-conducting; hence papering them will make the experiment more successful.

When the experiments now progressing shall be completed, I will inform you of the results; till when, hoping that these remarks will suggest something practical to the ingenious minds of your many readers, I am respectfully yours,

Peekskill, N. Y., July, 1862. T. S. Lambert.

CASE OF INTERMITTENT FEVER OCCURRING SOME YEARS AFTER EXPOSURE.

By W. E. Rice, M.D., of South Boston.

[Communicated for the Boston Medical and Surgical Journal.]

May 11th, 1862, 9, A.M., was called to H. B., æt. 24, American, Saco, Me.; married; occupation, teamster; residence, Portland St.; uses intoxicating liquors sometimes to excess; has always enjoyed good health until the present time. While visiting some friends in Fourth St., South Boston, was attacked with rigors, cramp in the stomach and vomiting. (Vomitus largely tinged with bile.) This commenced yesterday morning, and still continues. Had two dejections yesterday, also two this morning, loose. Has pain in the head, limbs and back; also complains of a burning pain in the right hypochondrium, increased by motion and full inspiration. Pressure does not much increase the pain. Pulse 120, wiry. Thick, white fur on lobes of tongue; edges and centre red. Great thirst; anorexia; respiration 68, suppressed; skin hot and dry; decubitus indifferent; slight icterus. Slept only two hours last night. No physical signs of thoracic disease. Had been sitting in his shirt sleeves, in an open yard, the afternoon before the invasion of his disease. Complained, in a general way, of having had chills, two or three times, since the first attack, but laid no stress upon it. Supposing the case to be an acute febrile affection in the stage of invasion, I ordered ℞. Spiritus ætheris nitrosi, liquor ammoniæ acet., aa ℥ ss.; syr. lactucarii, ℥ i. To have ʒ i. every three hours. Fomentations of warm water to the right hypochondrium. To have gruel and ice water, in very small quantities, frequently administered. 7, P.M., vomiting had ceased, and he had been comfortable through the day, until ten minutes since, when violent rigors commenced, with a return of pains. Rigors so severe as to shake the bed. I then learned that my patient had been one of the men in Capt. Page's Expedition to Paraguay. The Expedition was absent from this country two years and three months, and a large portion of the time the men slept in the open boats, anchored in the river or grounded upon the mud flats. They were at all times exposed to the miasmata exhaling from foul river sediment, and the decay of rank vegetation. Though intermittent fever prevailed largely amongst the natives, there was not a single case of it, or of any serious illness, amongst the officers and crew of the Expedition. My patient returned to Boston two years and eight months ago, and has been perfectly well until the present attack. He has never been to the West or out of the New England States, except to Paraguay.

Believing that I had true intermittent, of double quotidian type, to deal with, I ordered one-grain doses of quinine, to be taken every hour until four were taken, and to commence in the morning with the same dose and continue until twenty were taken.

12th, 9, A.M.—Has slept well; has had no rigors or pain; skin quite moist; pulse 76, and a little wiry. Is much inclined to sleep; complains of frontal headache and vertigo. Tongue glazed and purple on tip and edges, with thick, white fur on lobes.

13th.—Walked to my office. Pulse 80. Tongue cleaning; appetite returning. Had one natural dejection this morning. Complains only of weakness.

I ordered thirty grains of sulphate of quinine in thirty powders, and directed him to take it for five days, in diminishing doses, to guard against relapse.

I present this case as an addition to those already recorded in this city, where patients have had ague, a long time after exposure to miasmata.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

May 12th.—*Biliary Calculus, consisting of almost pure Cholesterine, with very remarkable anatomical Appearances.*—Dr. Jackson showed the specimen, which was a very beautiful one, sent, at the request of Dr. Hitchcock, of Fitchburg, by Dr. George W. Peirce, of Leominster. It was of a nearly regular ovoid form, one inch in length, compact, slightly rough on the surface, and almost perfectly white. Having been analyzed by Dr. J. C. White, it was found to consist wholly of cholesterine, which seemed not quite perfect, as if a little more oxygen were wanting to cause it to crystallize.

The patient was a lady, 50 years of age, who had had symptoms of the passage of a gall-stone four or five years before, from which time her health, though tolerable, had been somewhat impaired, with an occasional bilious attack. She died at last, quite suddenly, from apoplexy. The anatomical appearances, as reported by Dr. H., were so very remarkable that Dr. Peirce was requested to furnish an account of them, and the following is an extract from his note:—

"The contents of the chest and abdomen were sufficiently healthy, with the exception of the gall-bladder. No unnatural appearance of the liver. No fluid in the gall-bladder, and the duct seemed impervious, though I did not make as careful an examination as I ought. The bladder contracted down close upon the calculus, the larger end of which projected through the parietes, being entirely uncovered for about one fourth the length of the calculus, so that it seemed just ready to slip out of its place into the cavity of the abdomen. There was no appearance of any inflammation of the surrounding textures, and no adhesions. The edge of the orifice looked like an absorption or abrasion; nothing like ulceration. The walls were extremely thin near the edge of the opening, being but little if anything more than the peritoneal coat."

June 9th.—*Facial Paralysis.*—Dr. Coale reported the case. The patient was a healthy, well-regulated girl, 18 years of age, who at first noticed that her face was somewhat stiff, and in twenty-four hours completely paralyzed on the left side. There was great distortion on laughing or talking, a staring left eye, and tenderness of the whole left side of the face. The tongue was not at all affected, the disease being confined to the portio dura. No cause could be found for it, unless it were that she had defective teeth in each jaw, as much, however, on one side of the mouth as the other. The treatment consisted of leeches to the place of exit of the nerve, strychnia, &c., but with no benefit. After the lapse of three weeks, she was advised to have her carious teeth removed, and thirteen were accordingly extracted. This was followed by manifest improvement in the course of five days. Electro-galvanism was then gently employed, and the patient recovered.

Dr. Tyler said that several years ago he had under his care a lady with severe sciatica, for which all the usual remedies had been tried in vain. Finding that she had several decayed teeth, he extracted four or five of them, with benefit. The remainder were subsequently drawn, after which the patient had no more pain.

In 1853, a boy of 19 was brought to the New Hampshire Asylum in a state of mania. Dr. Tyler ascertained that he had had a tooth extracted some time previous, and that one of the fangs had broken off, and remained in the jaw. Suppuration took place, the pus discharging outwardly, and the boy was suddenly attacked with mania. The fang was removed. The fistulous opening closed, and the patient quickly recovered from his mania.

In another case of mania, the patient being a young lady, several decayed teeth were removed. The patient remained to some extent under the influence of the ether, which was given at the operation, for twenty-four hours. After that she was cured of the mania.

These facts have led Dr. Tyler to regard decayed teeth as of great importance in connection with nervous disorders.

JULY 14th.—*Ovarian Dropsy; failure to obtain Fluid by Tapping.*—Dr. STORER said he had seen, in consultation with Dr. Edward Warren, of Newton, a woman with ovarian dropsy. An attempt had been made to relieve her by tapping, but on introducing a trocar and canula no fluid was obtained. The feeling of fluctuation was perfect, and as the abdomen was greatly distended, and the patient in much distress, Dr. S. introduced a trocar; but on withdrawing it no fluid followed. He then repeated the operation, in another place, but with the same result, and he did not feel justified in going any farther.

Dr. Storer afterwards received a letter from Dr. Warren, giving the result of the case, from which the following particulars are extracted: The tumor increased to an enormous extent; the lower extremities were much swollen, there was difficulty of breathing and increased difficulty of locomotion. On consultation with Dr. Hunt, of Weston, and Dr. Livermore, of Stow, it was agreed that the contents were unquestionably fluid, and a very large trocar was thrust in, below and to the left of the former punctures. No fluid followed the withdrawal of the trocar, but a feather which was passed in through the canula about five inches, was found, on withdrawal, to be covered with a colored, gelatinous fluid, which was too thick and stringy to pass through the canula in any quantity. After this her symptoms continued to grow worse, and the patient died in about five days, rather suddenly.

On opening the abdomen, a thin sac was found, filled with innumerable little cysts of an oval shape, and resembling the shelless eggs found in poultry, varying in size from the egg of a sparrow to that of a goose. They were full of a substance resembling calves' foot jelly, which in the smallest was clear and transparent, in the others more opaque, and in some yellowish. Most of the cysts were covered with a delicate network of minute vessels. The outer sac lay to the right side, but was connected with the left side of the uterus by a small pedicle, which was the only attachment, and it seemed surprising that so large a tumor should apparently have derived its nourishment by so small a channel. The contents of the tumor filled two large water-pails, and weighed thirty-six pounds. The failure to obtain fluid upon puncture was very easily accounted for, not only by its gelatinous nature, but by its being contained in cysts.

July 28th.—*Acute Peritonitis following Ovaritis.*—Dr. Minot showed the uterus and ovaries of a patient who had died of acute peritonitis. She was an unmarried woman, 30 years old, who was employed as an assistant nurse in the Hospital. She was rather delicate, and had felt poorly for several days, but kept about her work till July 14th, when she was seized with severe pain in the abdomen, vomiting, purging, and some retention of urine. She was treated by the house pupil for cholera morbus, and the symptoms were mostly relieved by opiates and fomentations, though some pain still remained.

The next morning she was in bed, with a pulse of 110, and rather feeble; rather quick respiration, slightly coated tongue, cool skin and tranquil countenance. The vomiting and purging had ceased, but there was considerable tenderness of the abdomen. On the 16th she was nearly free from pain, and the bowels had not been moved.

On the 17th, the pulse was at 122, there was much pain and tenderness in the abdomen, especially in the two hypochondria, and some retching, but no vomiting. The catamenia appeared this day, a week in advance of their regular period, without known cause. She had had no chill.

On the 18th, she was found with the shoulders much raised, and the knees drawn up, and the nurse reported that she constantly lay in that position, though the patient affirmed that she could straighten the limbs without pain. She said she had had a comfortable night, but the pain returned with severity towards morning, and still continued. There was also much tenderness over the whole abdomen. Respiration was painful. Pulse 150, skin hot, tongue moist and nearly clean, no pallor or expression of anxiety. One moderate dejection after enema.

On the 19th she was evidently dying. The pulse could hardly be felt, and could not be counted, the extremities were cold and moist, the pain and tenderness of the abdomen were as before. The intellect was perfect, and the patient was cheerful and even jocose. There was none of the pallor and the anxious, pinched expression of the countenance which is considered as characteristic of peritonitis. She took a mug from the table by her bedside, without assistance, and drank its contents. She died at 1, P.M.

There had been no chill throughout the disease, according to her own statement; certainly there had been no rigor. The treatment consisted chiefly in the administration of opiates and the application of fomentations.

At the autopsy, which was made by Dr. Ellis, nearly a pint of pus was found in the peritoneal cavity, mostly in and near the pelvis. The uterus was four inches in length; os patulous; walls softened; lining membrane reddened, and in the upper part shaggy. Both ovaries were covered with thick pus, were soft and highly injected. Several old corpora lutea were seen, of considerable size, but nothing which indicated very recent menstruation. One portion of the right ovary was softened to a pulp—apparently the seat of an abscess. The Fallopian tubes, to their extremities, were much thickened, and of a dark red color. A lumbricus was found in the stomach, and another in the duodenum.

JULY 28th.—*Dr. Blackall and Dr. Bright.*—Dr. C. D. HOMANS having lately presented a portrait of Dr. Bright to the Society, Dr. JACKSON said that it seemed to be a very proper occasion to make some remarks, which he had long had in mind, in regard to Dr. Bright's predecessor. Dr. Blackall's work was not so much one on dropsy, as upon those cases of dropsy that are attended with coagulation of the urine; and his work was freely quoted to show that he was as familiar as we are at the present day with the different degrees of coagulation, with the different tests that are to be used, and with the relative value of those tests. The low specific gravity of the urine he does not seem to have been aware of. In relation to the anatomical explanation of these cases of coagulation, he says that this last "is not connected exclusively with the affection of any particular organ"; and yet he refers so frequently, and in such strong terms, to the different and sometimes very marked forms of disease of the kidneys that he observed, that we cannot but feel that he was just upon the point of making one of the most valuable medical discoveries of modern times.

Dr. B. gives nine dissections, and the following is the result: in one case "the kidneys were remarkably solid and hard, and their structure somewhat confused" (page 114, Philadelphia edition, 1825); in a second (p. 70) "the kidneys were unusually firm," with "very small hydatids"; in a third (p. 76), "the kidneys were remarkably loaded with blood"; in a fourth (p. 103), "the kidneys were remarkably small and sound, if we except two or three hydatids, of the size of a garden-pea, in the cortical part"; in a fifth (p. 212), "the kidneys were thought large, and in their cortical part of a color somewhat browner and duller than usual"; in a case of anasarca following scarlatina (p. 62), Dr. B. says "it was not uninteresting for me to ascertain the state of the internal parts, and particularly the kidneys," which "were rather soft and flaccid, and more loaded with fat than could have been supposed," &c., "but in other respects quite natural"; in a seventh case (p. 93), "the other viscera of the abdomen were sound. I speak particularly of the kidneys." In the eighth case (p. 117), the urine contained a "bloody sediment," but is not reported as coagulable; the head was examined, but no reference is made to the abdomen, and the case might perhaps be set aside, as having probably been one of tubercular meningitis. In the last case (p. 84), "the abdomen was free from any appearance of disease"; and this is the only one, excepting the eighth, in which the kidneys are not referred to. Dr. B. was looking for disease in these organs to explain the coagulation, as appears by his general remark (p. 157), "that the urinary organs are often free from any appearance of unsound structure, notwithstanding the great fault in their secretion."

In a Postscript to his truly clinical work, Dr. Blackall quotes freely from the papers of Dr. Wells on Dropsy as a sequel of scarlatina, and on dropsy not connected with this disease, but in which the urine contained the serum and red matter of the blood, i. e., was coagulable; papers published in 1812, and admirable specimens of the numerical system of observation. "In three instances, an examination was permitted after death" (p. 209), and different appearances were found; but in one "there were some hydatids in the right kidney"; "in the second the kidneys were unusally thickened, and even changed ("confused," p. 157) in their structure"; and "in the third, the kidneys were larger and softer than natural, with several vesicles on their outside." And upon the same page Dr. B. makes the general remark that "the kidneys likewise have been diseased in an unusual proportion in such dissections."

Dr. J. said that he did not wish to detract in any degree from the credit of Dr. Bright as the discoverer of the disease that very properly bears his name; his facts were so numerous, so thoroughly observed and so well reported, that his claim can never be questioned. It would have been more honorable, however, Dr. J. thought, if he had given to Dr. Blackall more credit for what was evidently in his mind. In his Preface, Dr. Bright refers to the disease in question, as one, he says, "of which I must bear the responsibility alone"; and in some introductory remarks he says: "The observations which I have made respecting the condition of the urine in dropsy, are in a great degree in accordance with what has been laid down by Dr. Blackall in his most valuable treatise"; and this is the only allusion that he makes to him. Dr. Blackall deserved that general complimentary notice; but he looked to something beyond "the condition of the urine," and he should have had proper credit given to him for it; it must have been given to him by others, if not by Dr. Bright, Dr. J. supposed, but if such was the case, he was not aware of it.

July 28th.—*Tetanus.*—Dr. **Cabot** reported the case. The patient was a young man, 19 years old, whose arm had been caught between two cog-wheels. The teeth of the wheels were so small that the skin only was lacerated, leaving the muscles beneath uninjured. Small portions of the skin sloughed away. Dr. Cabot first saw the patient June 14th, about a week after the injury. On the 12th, he had some stiffness of the neck, with involuntary contraction of the injured arm; on the 13th, difficulty in opening the jaws; on the 14th, spasms, which were brought on by any movement, by a light touch from another person, or by swallowing liquids. The next day these amounted to slight opisthotonos. The parents of the lad had heard of the operation of excision of a nerve in the treatment of tetanus, and were anxious to have it done. Although Dr. Cabot had very little hope of benefit from the operation, yet in view of the desperate state of the case he consented, and removed about half an inch of the musculo-spiral nerve, at the upper and outer part of the interspace between the supinator longus and brachialis anticus. The patient, who was etherized, slept an hour after the operation, so that Dr. Cabot began to hope that it had had a favorable effect. However, a violent opisthotonos then took place, and the spasms became more violent than ever. Ether was then given on the approach of every spasm, which was constantly indicated by the smallness of the pulse. Enemata of beef-tea were also administered every two hours. The patient died at 12 in the night.

Dr. **Fifield** said that he had been told by a veterinary surgeon of large practice, that he could always cure horses of tetanus, by means of large and repeated injections of tincture of lobelia. Mr. Colles, of Dublin, says that the only two cases he ever knew to recover were treated by injections of tobacco.

Dr. Cabot said that cases of tetanus occasionally recover, but in these the disease seems first to become chronic, and the favorable termination is more owing to the mild character of the disease, than to the remedies employed. Tetanus being a disease of exhaustion of the nervous power, he should think that a powerful depressant, like lobelia, would do more harm than good.

Dr. Flint, of Louisville, who was present, remarked that he had lately seen a case which recovered, perhaps in consequence of the disease passing into the chronic state. The patient had received a lacerated wound, in the thigh, and the first symptom was the drawing up of the injured limb. There was never sufficient trismus to prevent mastication. The treatment consisted mainly in the inhalation of chloroform.

Dr. Cabot said that the change in the character of the pulse, before the paroxysm came on, was very remarkable. It became very rapid and small as a paroxysm approached ; after the patient came under the influence of ether, it grew fuller and slower.

Dr. Jeffries Wyman said he recollected a case of tetanus which recovered, some years ago. The patient was a medical student at Richmond, Va., who punctured his finger while dissecting. The case was perfectly well-marked, though not very severe. The patient was bled freely, and, Dr. W. believed, took antimony ; and he stated that he had had a similar attack once before, from a wound of the finger, by a splinter.

Dr. Tyler remarked that lobelia is a very efficient remedy, administered per rectum, in hysterical convulsions, and also in the convulsions of children. Its controlling power is seen without producing vomiting or much depression. He had used the tincture, combined with spirits of turpentine and white of eggs. The powder of the leaves is of great service in pneumonia, when antimony would be too depressing ; and in the congestion of the lungs, which appears in severe cases of typhoid fever ; and especially in those cases exhibiting any spasmodic action.

July 28th.—*Employment of Ergot followed by Retention of the Placenta.*—Dr. Ayer said he had lately attended two patients to whom it was necessary to administer ergot, in consequence of insufficiency of pains. In each case, though the child was born alive, the placenta was retained attached to the fundus, making it necessary to introduce the hand into the uterus in order to remove it. This manœuvre was executed with great difficulty, in consequence of the firmness of the uterine contraction at the lower part, resembling what is usually called "hour-glass contraction." He had noticed this state of things before, after the exhibition of ergot, and asked if other gentlemen had done the same.

Dr. Storer said that ergot had the credit of causing retention of the placenta, but he had never seen this effect from it, and he considered it one of the most valuable agents we have in the materia medica. He had always observed that those gentlemen who seldom used ergot were most prejudiced against it, while those who often used it were loudest in its praise. When judiciously given he had never seen any injurious effect from it. As to "hour-glass contraction," he had been in practice nearly forty years, but he had never yet seen a case of it. Irregular contraction he had often seen, but constriction of the circular fibres, separating the fundus and cervix into two cavities, he never saw. Irregular contraction he thought was independent of the use of ergot. It is often seen when no ergot has been given.

Dr. Ayer did not mean to say that the uterus contracted in the way described by Dr. Storer, but that his cases were what were frequently called hour-glass contraction. He frequently used ergot, and considered it a valuable remedy.

Dr. Minot asked Dr. Storer what preparation of ergot he gave the preference to.

Dr. Storer said he had found none so good as the simple infusion. made with boiling water, which should be of an amethystine color and have the characteristic odor, otherwise it is inert. He usually employed half a drachm of the drug, repeating it in half an hour, if no effect were produced. If no uterine contraction then occurred, he concluded either that the patient was not susceptible to it, or that the article used was of poor quality. He had found the powder apt to vomit the patient, and the tincture had generally failed in his hands.

Dr. Fifield said he had found the "fluid extract of ergot," prepared with sulphuric ether, a very efficient preparation, and very convenient in country practice, where it is not always convenient to make the infusion in the night time. He thought retention of the placenta generally followed the employment of ergot, and usually made up his mind, when he gave it, that he should have to introduce his hand into the uterus, to remove the afterbirth.

Dr. Storer was surprised at this statement. He had never noticed retained placenta to occur particularly in cases in which ergot had been given.

Dr. Morland asked Dr. Storer what had been his experience as to any unfavorable influence exercised upon the child by ergot administered during parturition?

Dr. Storer had never known deleterious effects to be produced by ergot, when its administration was clearly indicated.

Dr. Morland said he had lately given ergot to a primipara, in whom the pains had been very inefficient. After 14 hours of labor, there seeming to be no reason why the child should not be born, if proper uterine efforts could be induced—the head being well advanced —a quarter of a drachm of freshly powdered ergot was given, infused in tea. The pains, although almost immediately increased, again slackened, when another quarter of a drachm was taken. This was not long retained upon the stomach, yet the pains became continuous, strong, and expulsive. In about an hour and a half, a large male child was born, *still*. It was undoubtedly living some two or two and a half hours before birth, as the mother plainly felt its movements. Dr. M. by no means attributed the death of the child to the ergot—especially since but little was taken and much of that vomited, —but he merely gave the facts. His preference in a similar case, would be to use the forceps. The placenta in this instance was retained; and Dr. M. was obliged, after waiting a reasonable time, to introduce his hand into the uterus and remove it. There was no irregular contraction of the womb, as mentioned by Dr. Ayer in his cases.

Dr. Storer inquired whether there was much lividity of the child's face?

Dr. Morland replied that the lips only were livid. The head was large, the cord was wound once around the child's neck, but not tightly drawn.

Army Medical Intelligence.

To the Surgeon-General. Medway, July 26, 1862.

Dear Sir,—I reached home the 13th inst., after a short but active campaign of six or seven weeks, with the Army of the Potomac. Although sent by you upon an independent footing, I thought best to contract and put myself under the army regulations, securing thus a recognized official position, with specific duties and mutual obligations. I have had no cause to regret, but abundant reason to be satisfied with my decision.

With seven other Massachusetts surgeons, I was detailed to the White House Hospital, where, for four weeks, I had an opportunity of observing the diseases of the Army. It was a Field Hospital, consisting, when fully extended, of 170 hospital (wall) tents. The number of patients varied from 1200 to 1600. Diarrhœa was nearly universal, whatever else might be the matter. Rheumatism, or, to coin a word, rheumatoid affections, were the next most common complaint; next typhoid and intermittent fever, comparatively few cases of the latter assuming the regular forms of the disease. We found a great many patients who had suffered from over-dosing with quinine administered in whiskey. We gave it, when necessary, in much smaller quantities, with benefit to the patient and saving to the government. I believe a vast amount of sulphate of quinine is worse than wasted by army surgeons. A common, and very acceptable form for its administration in the hospital, is as follows: ℞. Quiniæ sulph., ℈j.; acid. sulph. aromat., ʒij.; tinct. capsici vulg., ʒj.; alcohol. dilut. (or whiskey), ℥j.; aquæ puræ, q. s. ut fiat, f℥iv. Dose, one drachm, at short intervals, or pro re nata. While the sulphuric acid furnished a grateful adjuvant, the tincture of cayenne proved a valuable excitant, arousing the torpid and debilitated nervous power to the appropriation of the more permanent tonic virtue of the sulphate of quinine. (*Mem.* I don't forget the absorption theory.)

At the battle of Fair Oaks, five of the surgeons from the hospital were detailed for service, where we had an unlimited opportunity for practice in army surgery. There were not surgeons and instruments enough there to meet the demand for operations, and many of the wounded were sent in the cars to the Pamunkey and to Fortress Monroe, there to suffer capital operations at a late period, which proved nearly always fatal.

About ten days before I left the hospital, I was detailed to receive the sick coming from the army in the cars, sending those *really* sick to the hospital, and the malingerers back to their regiments; not a very pleasant, but yet a very important and responsible duty.

On the 22d of June I was ordered to report to Gen. Heintzelman, at his head-quarters, Savage Station. The medical director of his division, Dr. Milhan (one of the really efficient and worthy medical officers of the army), attached me to the 2d regiment New Hampshire volunteers, Grover's brigade, Hooker's division, to fill the post of the Assistant Surgeon, absent an account of sickness. Thursday morning, June 25th, Dr. Milhan sent me to a depot for the wounded, as the first of the series of the six days battles had begun. In these depots for the wounded, I spent the greater part of my time, night and day, until we arrived upon the banks of the James river, living during all this time, with the exception of four meals at a mess table, upon an insufficient supply of *hard* bread and a beverage called coffee, in which the principal ingredient was the sacred soil of Virginia, which latter also furnished my place of rest, when I had a chance for rest. At the battle of Nelson's Farm we worked at the depot (which was a church with the pews removed), until 1½ o'clock, A.M., July 1st, when we desisted from operations from sheer exhaustion, leaving several amputations to be performed in the morning by two surgeons, who volunteered to remain with the wounded. At 2 o'clock, A.M., we mounted our horses and joined our retreating division. This day the battle of Malvern Hills was fought, when shot and shell, from gun-boat, artillery and infantry, reigned supreme, filling the air with discordant music, and the depots with wounded men. Wednesday, July 2d, we arrived at Harrison's Landing, marching all the forenoon in a drenching rain, without any breakfast. A week of excessive labor of brain and muscle, with a *very* limited supply of food, had done its work for me and others. Being unfit for duty, I went to the Hygeia Hospital, Fortress Monroe, when, at the end of a week, being no better, but rather worse, I came home, where I am slowly recovering my health and strength.

In conclusion, I must say, that I could not have timed my connection with the army more opportunely, if I had foreseen what was to occur. An advance to Richmond, rather than a retreat, would have been far more agreeable, and less exhausting, but no more instructive and profitable in a professional point of view.

Most respectfully, your ob't serv't,

Alex. LeB. Monroe.

Selections from Medical Journals.

A DEEPLY-PENETRATING WOUND OF THE HEAD.

[A Clinical Lecture delivered at the General Hospital of Toronto, Canada West, by W. R. Beaumont, Esq., F.R.C.S. Eng., &c. &c.]

Gentlemen,—If the ablest surgeon were compelled to do that which by mere chance befel the patient whose case I shall relate to you, he would certainly be greatly puzzled as to the mode of accomplishing it with an equally successful result: I mean, if he had to thrust the shaft of a rocket through the orbit of a living man, burying it five inches and a half in his head, in a direction backwards, either immediately above or below the base of the cranium, he probably would feel morally certain of killing the unfortunate subject of his operation. Such an injury, however, did happen to the person whose case I shall detail to you, and that even without the sequence of any very alarming symptoms. I need hardly say that all wounds traversing the orbit and perforating its bony walls in a direction either upwards or backwards, are necessarily fraught with the greatest danger to life. The thin orbital plate of the frontal bone can offer but little resistance to a thrust made even with a small amount of force ; and cases are recorded of persons killed by a mere stick driven against the roof of the orbit, which has thus been perforated, and the brain wounded. If I recollect rightly (for I am going back to five-and-thirty years ago), the late Mr. Abernethy used, in his lectures, to relate the case of a child who, whilst peeping through the key-hole of a door, received a thrust in the orbit from a small stick pushed at him by a playfellow, and died from wound of the brain caused by so slight a force. The same thing has happened from the thrust of a sword or of a foil in fencing, and even from a push with a lath or an umbrella. Dr. Mackenzie, in his work "On Injuries and Diseases of the Eye," has collected many cases of the kind ; and he remarks that from either gun-shot or other penetrating wounds of the orbit, "we may occasionally expect hæmorrhage, extravasation of blood, blindness, strabismus, syncope, vomiting, coma, convulsions, palsy, and even death, as immediate effects ; and, as remote effects, fever, delirium, suppuration, caries, exfoliation of bone, and the like." Amongst these more remote effects, death should also be added to the list ; for cases have occurred in which, for a considerable period after the receipt of the injury, no alarming cerebral symptoms have supervened, and yet the patients have eventually died, and, in some instances, suddenly. Dr. Mackenzie quotes the following case or two in point, and to show how guarded a prognosis should be given in all cases of deeply-penetrating wounds of the orbit :—

"A man having received a sword wound in the left orbit, from which he felt no subsequent pain, covered it with a plaster, walked two leagues, and ate and drank heartily with his companions as if he were quite well. The next morning he was found dead ; and the wound, on post-mortem examination, was seen to reach the cerebellum. This case was published by Peter Borel, of Frankfort, in 1676.

"Another and more extraordinary case of sword wound through the orbit, transversing one of the lateral ventricles, and reaching the lambdoidal suture, is related by Diemerbroeck (1672). In this case the patient remained in his *usual state of mind and health till the tenth day,* when he was seized with violent fever, and died two days afterwards."

That such a wound should cause no alarming symptoms for ten days, is almost incredible ; but the case strongly shows how guardedly we should give an opinion as to the result of wounds passing through the orbit.

Another direction in which an intruded body is likely to prove fatal is upwards and inwards through the lamella plana, and cribriform lamella of the ethmoid bone, of which Dr. Mackenzie gives the following case, quoted by Bonetus in his Sepulchretum :—

A countryman, aged fifty-five, received a thrust in the right orbit from the sharp end of a broken whip-handle, which entered close to the inner canthus of the eye. He was carrying at the time a heavy burden, and trudged on, apprehending no danger, for a quarter of a mile, when he instantly dropped down dead. On examination after death, the nasal extremity of the falx was found wounded, the third ventricle perforated, and in it a considerable quantity of grumous blood.

This man died almost immediately from a comparatively small wound of the brain, whilst others have lived for years after a most extraordinary amount of injury done to the brain by gunshot and other wounds traversing the orbit. Vision of the eye of the wounded side has in most cases been lost, even though the eye itself has appeared uninjured by the accident, as happened in the case I am about to relate :—

James W———, aged forty-five, a man of spare make, rather above the middle height, and of ordinarily healthy appearance, whilst standing amongst a crowd of persons, received on the evening of the 4th of May, 1859, a broken rocket-shaft through the left orbit. He told me that he was about twelve yards from the rocket at the time it was fired; that he was looking at it, and remembered distinctly to have seen it held above the heads of the people at the time of firing it. He received this terrific wound without falling, and walked some thirty or forty yards to a tavern, where I saw him ten or fifteen minutes after the accident sitting in a chair, his face and lips pale, and his pulse extremely small and weak. There was no expression of pain, only that of extreme shock from severe injury—pallid, shrunken, and motionless features. There was no symptom of cerebral lesion; but vision of the eye of the injured side was immediately and completely lost, though the eye itself appeared uninjured. This amaurotic condition of the eye may have resulted from pressure on or laceration of the optic nerve, or from mere pressure on the globe of the eye, or from extravasation of blood within the globe caused by its contusion. The only mark of injury visible was a thin splinter of wood, not half an inch long, projecting from the orbit immediately above the inner canthus. I placed him on the floor, half recumbent, his head and shoulders being supported. I then endeavored to extract with tolerably strong forceps what I supposed to be a small portion of a rocket-shaft, but I found that I could not stir it. I sent for and soon obtained a pair of strong, flat-bladed pliers, with which even I could not move by direct traction the intruded shaft, so tightly was it wedged between the bones through which it had passed. Knowing that the shaft of a rocket is not round, like that of an arrow, but square, I was aware of the small extent to which it could be rotated on its axis; still I found, on trying to do so, that a slight degree of movement on its axis was not impossible, and by turning it several times a few degrees alternately to the right and to the left I at last loosened it, and slowly drew out inch after inch of the shaft, with no small astonishment as the last two or three inches showed themselves. Its extraction was instantly followed by a profuse gush of blood—a stream almost as large as the extracted shaft; but the bleeding almost ceased in five or ten minutes, iced water being applied over the forehead and upper part of the face. I had forewarned his friends that he might possibly die from hæmorrhage immediately on the removal of the shaft, which I conceived might have acted as a very efficient compress to any large arteries or veins which might have been lacerated. He, however, did not even faint, and in less than fifteen minutes, without any help, got up from off the floor, and walked, saying that he felt quite able to do so. I directed his friends to keep him perfectly motionless, to apply unremittingly iced water to his head, and to carry him gently to the hospital. I also prescribed small and repeated doses of calomel and jalap.

His friends did not take him to the hospital, and I lost sight of him, supposing him to be dead, until the 23d of June (forty days after the accident), when I found him in good health, strong, and perfectly well except the total loss of sight of the left eye, and the loss of sensation in the upper and anterior part of the left cheek, ala nasi, and left half of the upper lip—probably the result of injury to the infra-orbital branch of the superior maxillary nerve. There was no muscular paralysis detectable. The motions of the left eye corresponded with those of the right, and the levator palpebræ superioris contracted properly, showing that the nerves passing through the sphenoidal fissure were uninjured.

He told me that he was up and dressed, walking about his room, three days after the accident, and that within three weeks he walked a distance of half a mile. He said that he suffered severe headache and vomiting during the first twenty-four hours, but not much pain after that; and had been but slightly feverish. The wound had healed very readily, with scarcely any suppuration, and no pieces of bone had come away. It is surprising that a deep, roughly-made wound like this should have healed by adhesion; if it had not so healed, the lacerated surfaces must have suppurated, and have discharged daily a large quantity of pus, instead of a few drops, as the patient assured me. He also told me that there had been no paralysis except loss of vision of the left eye, and loss of sensation in parts supplied by the infra-orbital nerve; and there had been no loss of consciousness, or anything indicating a severe lesion of the brain, which it is probable, though by no means certain, had not occurred.

The only treatment adopted was that which I had prescribed—namely, cold water to the head, and a few doses of calomel and jalap.

Fifteen weeks after the accident, he told me that his health continued good, but he thought himself hardly so clear-headed as before the injury. I again saw him eight months and a half after the accident; his health and strength as good as ever, but his memory for occurrences happening *since* the injury somewhat impaired, though he did not forget anything which had happened *previously*. Very recently, nearly three years after the accident, I again met with him. He remained nearly the same in every respect, his health and strength good, but his memory decidedly impaired.

One chief point of interest in the case is the consideration of the exact course which the rocket-shaft had taken. It seemed, as I withdrew it, to have passed almost directly backwards, nearly parallel with the mesial plane, apparently through the sphenoidal fissure, and into the base of the middle and posterior lobes of the left hemisphere of the brain; but as it had not killed him, nor even caused any symptoms of cerebral lesion, one can hardly think that it had taken this direction, especially as all the nerves passing through this aperture had escaped uninjured. Some or all would probably have been crushed or torn asunder. If, instead of entering the cavity of the cranium, it had broken the floor of the orbit, passing between the orbital process of the superior maxillary bone and the great ala of the sphenoid, and *below* the base of the skull, it is hardly possible to conceive how all the bloodvessels and nerves passing through the many foramina of this part should have escaped uninjured, the internal carotid and internal jugular lying directly in such a course. I am sure, from the direction of the shaft, as I slowly extracted it, that it had not passed obliquely downwards into the pharynx, and therefore that it must have taken a course either immediately above, or immediately below, the base of the skull. Under either condition the patient's escape from death renders the case one of the most remarkable in the annals of surgery.—*Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, AUGUST 7, 1862.

THE present number begins a new volume, making a semi-annual starting point for a renewed effort in our editorial labors, and opening a new page of editorial responsibility. It brings with it an important change in the conduct of the JOURNAL, namely the withdrawal of the Editor whose name has stood first. To say that his withdrawal is a source of sincere and deep regret to all on whom the responsibility of carrying it on remains, is but a feeble expression of a universal sentiment. Nothing but his unalterable purpose could have obtained their assent to a separation which, on their part, has been approached with extreme reluctance. The loss is equally great to our readers; and we may well look forward with misgiving when we consider how much we owe to the sound learning, good judgment, excellent taste and honorable and gentlemanly feeling of our late associate. Private reasons, however, have proved insurmountable, and we must submit with the best grace we may. We are not writing our friend's epitaph, and delicacy therefore forbids us saying more of the personal relations which have made his association with us always most agreeable and profitable. We trust that although his share in the editorship has ceased, he will continue from time to time to contribute to our pages.

And now we would again appeal to the Medical Profession in New England to lend us a helping hand, and contribute more liberally from their stores of learning and experience than they have hitherto been disposed to do. The pecuniary inducement to carry on the JOURNAL is small indeed at the present time, and the duty is doubly hard when we have to depend on a few heavily-taxed contributors to aid us in doing what we can to keep up the standard of the profession here. This is a matter in which the whole medical community have an interest; we hope they will take it more conscientiously to heart. Surely the New England States ought to supply their only Medical Journal with abundance of fresh and profitable matter the year round. So far as our individual effort is concerned, we shall do our best; but we look for liberal cöoperation.

MESSRS. EDITORS,—At a special meeting of the Lawrence Society for Medical Improvement, held last night, the accompanying preamble and resolutions were unanimously adopted. In accordance with instructions from the Society, I offer you a copy for publication.

Respectfully, E. SEYFFARTH, M.D., *Secretary.*

Lawrence, Mass., July 30, 1862.

Whereas, This Society has been called to mourn the removal, by death (occurring on the 26th day, inst.), of its President, Dr. J. H. Morse, of this city, who was most highly respected for his usefulness as a citizen, as a member of the profession, and by this body more especially, which will miss his warm interest in their welfare and in the usefulness of their association, and

Whereas, It is fitting, that we should give some public expression of our sense of bereavement and of our appreciation of his worth, be it therefore

Resolved, That in the decease of our late associate and friend, we recognize the loss of one, who, by superior attainments, practical efficiency and devotion to its grave responsibilities, adorned and dignified the medical profession.

Resolved, That we will keep in lasting remembrance the memory of his good deeds and the excellency of his character, and, as a mark of respect, no successor shall be chosen to the chair, so ably filled by our late President, until the next annual meeting of the Society.

Resolved, That to the family of our deceased friend we proffer our sincere and affectionate sympathy in this hour of severe trial, and assure them of the deep interest with which we shall ever regard their future welfare.

Resolved, That the Secretary be instructed to transmit a copy of the resolutions to the family of Dr. Morse, and to offer them for publication in the Boston Medical and Surgical Journal, and in the Lawrence papers. G. W. GARLAND, M.D., *Vice President.*

EDMUND SEYFFARTH, M.D., *Secretary.*

THE MIDDLESEX NORTH DIST. MED. SOCIETY.—The following preamble and resolutions were unanimously adopted at a late meeting of the Soc.

Whereas, It has pleased God, in his infinite wisdom, to remove from the scene of his earthly labors, our friend and brother, Eben K. Sanborn, M.D., late of Rutland, Vt., formerly Surgeon to the 1st Volunteer Regiment of that State, but more recently, by the appointment of Governor Andrew, Surgeon to the 31st Volunteer Regiment of Massachusetts ;

And, *Whereas,* he left a wide and extending practice to engage in the service of his country, in this dark hour of that country's need, it becomes eminently fitting and proper, that here, where his earlier years were passed, and his professional life, so full of promise and hope, commenced, some public recognition should be made by us, his surviving brethren, of his talents, his ripe attainments, and his moral worth ;

Therefore, *Resolved,* 1st, That in the death of Dr. Sanborn, the medical profession has lost one of its young, but most promising members ; one, who pursued his chosen department of labor, with a zeal, an avidity and an intelligence, that could not fail to elevate him to an enviable position among the distinguished surgeons of our times. That the country has been deprived, in one of the most important branches of her service, of one eminently fitted by his tastes and his surgical acquirements for the high position he was called to fill.

Resolved, 2d, That Dr. Sanborn has left to his compeers a bright example of what may be accomplished, by patient study and investigation, and untiring ardor in the pursuit of knowledge.

Resolved, 3d, That we deeply sympathize with the bereaved family of the deceased in this most afflictive Providence.

Resolved, 4th, That this preamble and these resolutions be entered on the records of the Middlesex North District Medical Society, and that a copy of the same be forwarded to the Boston Medical and Surgical Journal for publication.

Attest, I. W. Scribner, M.D., *Secretary.*

Surgeons who Voluntarily Remained in Richmond with the Wounded.—Pursuant to a call, a meeting was held of the Union Surgeons now in the Confederate State Prison. On motion, Dr. M. S. Kittenger was elected Chairman, and Dr. J. P. Seely Secretary. The Chairman stated that a notification had been received from the Confederate authorities that all the Surgeons now prisoners were this day free to return home. In a few brief and eloquent words he mentioned the fact that, in this building alone, there were nearly 1,500 of our wounded or sick officers and soldiers, and altogether, probably, in Richmond, 3,000.

On motion, it was resolved that all those Surgeons who volunteer to remain, and extend their professional services to our sick and wounded, do now signify the same. Whereupon the following gentlemen volunteered to remain: N. F. Marsh, Surgeon Fourth Pennsylvania Cavalry; Alexander A. Edminston, Assistant Surgeon Eighteenth New York Volunteers; James W. Powell, Surgeon in charge Hooker's Division Hospital; George McAllister, Assistant Surgeon Seventy-first New York Volunteers; James S. de Bieneville, Surgeon Eleventh Pennsylvania Reserve; M. S. Kittenger, Surgeon One Hundredth New York Volunteers; T. P. Seely, Acting Assistant Surgeon Sixteenth Michigan (Stockton's).—*Am. Medical Times.*

Dr. Francis M. Lincoln, late Assistant Surgeon of the Mass. 9th Regiment, has been appointed Surgeon to the 35th Regiment.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, August 2d, 1862.

DEATHS.

	Males.	*Females*	*Total.*
Deaths during the week, ...	40	54	94
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	47.5	50.5	98.0
Average corrected to increased population, ...	..	..	110.70
Deaths of persons above 90, ...	..	..	..

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
10	17	1	3	1	0	5	2	1

Erratum.—On page 508, 4th line from bottom, the sentence should end after the word "process," and not after "side."

Communications.—Case of accidental Resection of the Elbow-joint.—Case of Poisoning.
Books Received.—Transactions of the Medical Society of the State of New York, for 1862.

Married,—At St. Paul's Church, Baltimore, on the 26th inst., Dr. Alpheus B. Crosby, of Hanover, N.H., late Medical Director of General Casey's Division, Army of the Potomac, to Miss Mildred Glassel, only daughter of Mrs. Luke Lea, of Baltimore.—At Lynnfield, on the 31st ult., N. M. Payne, M.D., of Gloucester, to Miss Mary A. Alden, of Chelsea, daughter of David Alden, Esq., of Northport, Me.

Deaths in Boston for the week ending Saturday noon, August 2d, 94. Males, 40—Females, 54.—Accident, 1—disease of the bowels, 1—inflammation of the bowels, 2—congestion of the brain, 3—disease of the brain, 1—bronchitis, 1—burns, 1—cholera infantum, 17—cholera morbus, 2—consumption, 10—convulsions, 2—croup, 1—debility, 1—diabetes, 1—diarrhœa, 4—diphtheria, 1—dropsy, 1—dropsy of the brain, 3—drowned, 2—dysentery, 5—erysipelas, 1—scarlet fever, 3—typhoid fever, 2—disease of the heart, 3—infantile disease, 7—intemperance, 2—inflammation of the lungs, 1—marasmus, 4—old age, 2—disease of the prostate gland, 1—scrofula, 1—suicide, 1—teething, 1—unknown, 5.

Under 5 years of age, 57—between 5 and 20 years, 5—between 20 and 40 years, 19—between 40 and 60 years, 7—above 60 years, 6. Born in the United States, 71—Ireland, 19—other places, 4.